



"Patrick Davis" <patrickdavis86@yahoo.com> on 09/26/2012 12:57:46 PM

To: <2022190174@fec.gov>,
cc:

Subject: Set it Straight form 9 C30001861



Set it straight form 9 page 7.JPG Set it straight form 9 page 6.JPG Set it straight form 9 page 5.JPG



Set it straight form 9 page 4.JPG Set it straight form 9 page 3.JPG Set it straight form 9 page 2.JPG



Set it straight form 9 page 1.JPG

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Set it Straight

(b) Address (number and street) ☐ check if different than previously reported

5160 Heathstone Lane

(c) City, State and ZIP Code

Colorado Springs CO 80919

(d) Name of Employer or Principal Place of Business

PATRICK DAVIS CONSULTING

(e) Occupation

Consulting

2. FEC Identification Number

C30001861

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

09 13 2012

through

09 25 2012

5. (a) Date of Public Distribution(s) 09 25 2012 (b) Communication Title MIKE COFFMAN

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No ☒

8. Custodian of Records

(a) Name

PATRICK DAVIS

(b) Address (number and street)

5160 Heathstone Ln.

(c) City, State and ZIP Code

Colorado Springs CO 80919

(d) Name of Employer or Principal Place of Business

PATRICK DAVIS CONSULTING

(e) Occupation

Consulting

9. Total Donations This Statement

31,450.00

10. Total Disbursements/Obligations This Statement

13,290.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

PATRICK DAVIS

SIGNATURE

[Signature]

DATE

9-26-12

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE OF

11. Person(s) Sharing/Exercising Control

A.	(a) Name <u>PATRICK DAVIS</u>	
	(b) Address (number and street) <u>5160 HEARTSTONE LN</u>	
	(c) City, State and ZIP Code <u>COLORADO SPRINGS, CO 80919</u>	
	(d) Name of Employer or Principal Place of Business <u>PATRICK DAVIS CONSULTING</u>	(e) Occupation <u>CONSULTING</u>
B.	(a) Name <u>CHRISTINE QUINN BURTT</u>	
	(b) Address (number and street) <u>2181 S COLUMBIA ST.</u>	
	(c) City, State and ZIP Code <u>DENVER, CO 80210</u>	
	(d) Name of Employer or Principal Place of Business <u>CQB + ASSOCIATES, INC.</u>	(e) Occupation <u>CONSULTING</u>
C.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
D.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
E.	(a) Name	
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor

Jim Kreutz

Mailing Address of Donor

5445 OTC PARKWAY

City State Zip

Greenwood Village, CO 80111

Date of Receipt

09 25 2012

Amount

200.00

B. Full Name of Donor

Tom Malley

Mailing Address of Donor

19 Martin Ln.

City State Zip

Greenwood Village, CO 80113

Date of Receipt

09 25 2012

Amount

500.00

C. Full Name of Donor

Randy Taylor

Mailing Address of Donor

1400 17th St., Ste 1600

City State Zip

Denver, CO 80202

Date of Receipt

09 18 2012

Amount

500.00

D. Full Name of Donor

Hani Sawaguchi

Mailing Address of Donor

10732 Amesbury Way

City State Zip

Highlands Ranch, CO 80126

Date of Receipt

09 25 2012

Amount

500.00

E. Full Name of Donor

John Conley

Mailing Address of Donor

5151 S. Grape Ct.

City State Zip

Greenwood Village, CO 80121

Date of Receipt

09 25 2012

Amount

500.00

SUBTOTAL of Donations This Page (optional) ▶

2,200.00

TOTAL This Period (last page this line number only) ▶
 (carry total from last page to Line 9)

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor

Dan Rudden
Mailing Address of Donor

5031 S. HILSTER ST. #410D
City State Zip
Denver, CO 80237

Date of Receipt

09 25 2012

Amount

500.00

B. Full Name of Donor

Mark Burr
Mailing Address of Donor

10163 BLUFFMONT LN.
City State Zip
Lone Tree, CO 80124

Date of Receipt

09 25 2012

Amount

250.00

C. Full Name of Donor

Rolie Austin
Mailing Address of Donor

9227 E. LINCOLN AVE
City State Zip
Lone Tree, CO 80124

Date of Receipt

09 25 2012

Amount

250.00

D. Full Name of Donor

Cindy Austin
Mailing Address of Donor

10203 BLUFFMONT DR.
City State Zip
Lone Tree, CO 80124

Date of Receipt

09 25 2012

Amount

250.00

E. Full Name of Donor

Gordon Burr
Mailing Address of Donor

5031 S. HILSTER
City State Zip
Denver, CO 80237

Date of Receipt

09 20 2012

Amount

25,000.00

SUBTOTAL of Donations This Page (optional) ▶

26,250.00
~~28,500.00~~

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

SCHEDULE 9-A
Donation(s) Received

PAGE OF

A. Full Name of Donor

Gordon Buttrick

Mailing Address of Donor

26 Columbine Pl.

City State Zip

Castle Rock, CO 80109

Date of Receipt

09 13 2012

Amount

250000

B. Full Name of Donor

Bob Simpson

Mailing Address of Donor

2441 Bluff St.

City State Zip

Boulder, CO 80304

Date of Receipt

09 25 2012

Amount

500.00

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

Amount

SUBTOTAL of Donations This Page (optional) ▶

3,000.00

TOTAL This Period (last page this line number only) ▶
 (carry total from last page to Line 9)

31,450.00

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee <u>PATRICK DAVIS CONSULTING</u>				Date of Disbursement or Obligation <u>09 13 2012</u>	
Mailing Address of Payee <u>5160 HENTHSTONE LN.</u>				Amount <u>250.00</u>	
City <u>COLORADO SPRINGS, CO</u>		State <u>CO</u>		Zip Code <u>80919</u>	
Name of Employer <u>PATRICK DAVIS CONSULTING</u>				Communication Date <u>09 25 2012</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Management</u>					
Name of Federal Candidate <u>MIKE COFFMAN</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>CO</u> District: <u>06</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					

B. Full Name (Last, First, Middle Initial) of Payee <u>CQB ASSOCIATES</u>				Date of Disbursement or Obligation <u>09 13 2012</u>	
Mailing Address of Payee <u>2181 S Columbine ST.</u>				Amount <u>90.00</u>	
City <u>Denver</u>		State <u>CO</u>		Zip Code <u>80210</u>	
Name of Employer <u>CQB ASSOCIATES</u>				Communication Date <u>09 25 2012</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>List purchase</u>					
Name of Federal Candidate <u>MIKE COFFMAN</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>CO</u> District: <u>06</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					

SUBTOTAL of Disbursements/Obligations This Page (optional)		<u>340.00</u>
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee <u>Entrecorn</u>				Date of Disbursement or Obligation 09 25 2012	
Mailing Address of Payee <u>4700 S. SYRACUSE ST.</u>				Amount 12,950.00	
City <u>Denver, CO</u>		State <u>CO</u>		Zip Code <u>80237</u>	
Name of Employer <u>Entrecorn</u>		Occupation <u>media</u>		Communication Date 09 25 2012	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Radio Advertising</u>					
Name of Federal Candidate <u>Mike Lortman</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee _____					
Mailing Address of Payee _____					
City _____		State _____		Zip Code _____	
Name of Employer _____		Occupation _____		Communication Date _____	
Purpose of Disbursement (Including title(s) of communication(s)) _____					
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶					
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>

<input type="checkbox"/> USPS Express Mail	Postmarked
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☐ Postmark Illegible

☐ No Postmark

<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>9/26/2012</i>
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<i>JR</i> PREPARER (3/2005)	<i>9/26/2012</i> DATE PREPARED
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